	CLAIMS ONLY		**Application Number** 10632651	**Filing Date**

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend								
1	/						51							
2	1						52							
3		1					53							
4		1					54							
5	cancel						55							
6		1					56							
7		1					57							
8		1					58							
9	1						59							
10		1					60							
11		1					61							
12		1					62							
13		1					63							
14	1						64							
15		1					65							
16	1						66							
17		1					67							
18		1					68							
19		1					69							
20	1	&					70							
21	1						71							
22	1						72							
23		1					73							
24		1					74							
25	1						75							
26		1					76							
27		1					77							
28	1						78							
29							79							
30	cancel						80							
31		1					81							
32	1						82							
33		1					83							
34							84							
35							85							
36							86							
37							87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
Total Indep	11						Total Indep							
Total Depend	20						Total Depend							
Total Claims	31						Total Claims							